## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P98000037014

1. Entity Name

FERMIT CORPORATION



FILED
Apr 11, 2003 8:00 am Secretary of State
Secretary of State
04-11-2003 90214 030 ***158.75

NAME OTERO, FERNANDO 6487 SARANAC CIRCLE DAVIE FL 33331  TITLE NAME STREET ADDRESS CITY-ST-ZIP							O WE TO						
Sulle, ADI. #. vito.   Sulle   City & State   City	6487 SARANAC CIRCLE			6487 SARANAC CIRCLE									
City & State  Ci	2. Principal Place of Business				3. Mailing Address							1   1     1	
Zep Country Zp Country 5. Certificate of Status Desired X Sp. 75. Additional Face Floridational Face Floridation Face Floridational Face Floridati	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Section   Sect	City & State				City & State			4. 1	4. FEI Number 65-0829658			<del></del>	
OTERO, FERNANDO 6487 SARANAC CIRCLE DAWIE FL 33331  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar wire, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar wire, and accept the children of Florida. I am familiar wire, and accept the children of Company of the Code of Plorida. I am familiar wire, and accept the children of Code of Plorida. I am familiar wire, and accept the children of Code of Plorida and I am familiar wire, and accept the children of Code of Plorida and I am familiar wire, and accept the children of Code of Plorida and I am familiar wire, and accept the children of Code of Plorida and I am familiar wire, and accept the children of Plorida and I am familiar wire, and accept the	Zip	Zip Country				Coun	try	5. Certificate of Status Desired			\$8.75 Ac	ditional	1
OTERO, FERNANDO 6437 SARANAC CIRCLE  DAWE FL 33331  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar wim, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OTERO, FERNANDO SIMEET ADDRESS  O		6. Name	and Address of Current I	Register	Registered Agent			7. 1	Name and Address of New Reg	sistered /	Agent		1
SIRGEL AGDIESS (F.C. Box Number is Not Acceptable)  Sirgel Address (F.C. Box Number is Not Acceptable)  City FL Zio Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, up both, in the State of Florida.  Signature, tiped of production.  Signature, tip							Name						7
Addition  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OTENS 1-7P  TITLE  D OBede  TITLE  D OWNER FL 33331  T	OTERO, F	ERNANDO						(0.0.0					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, types or printed name of registered agent and size if applicable.	6487 SAR	ANAC CIRC	LE .				Street Addres	ss (P.O. B	lox Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.   am familiar with, and accept the obligations or registered agent.   Signature, specior private named registered agent.   Potential Signature, specior private named registered agent, or both, in the State of Fiorida.   am familiar with, and accept state of Fiorida.   Am familiar with state of Fiorida state of Fiorida.   Am famil													1
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and size if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	DATE	00001											
the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature of registered agent agent agent to it if applicable.   (NOTE Registered Agent signature required when renatating)   DATE							City			FL	Zip Co	de	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.				the purp	oose of changing its	registere	ed office or regis	stered ag	ent, or both, in the State of Florid	da. I am t	amiliar with	, and accept	
After May 1, 2003 Fee will be \$55.00 May Be Added to Feese Make Check Payable to Florida Department of State  10.	SIGNATURE		or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registere	d Agent signature requ	uired when re	einstating)	DATE			
10.	Afte	r May 1, 200	3 Fee will be \$550.00	State				:	1				
TITLE DOTERO, FERNANDO		<u> </u>	<u> </u>					AD	DITIONS/CHANGES TO DEFIC	FRS AND	DIRECTOR	RS IN 11	┧
NAME OTERO, FERNANDO 6487 SARANAC CIRCLE DAVIE FL 33331  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRES		ח	OTTIOLITO AND L	JII ILO TO		_	<del></del> _	717	DITIONO/OFIANGES TO OTTIO	LING AND			1 6
STREET ADDRESS CITY-ST-ZIP  TITLE  D  CITY-ST-ZIP  DAVIE FL 33331  Delete  ITILE  D  CITY-ST-ZIP  DAVIE FL 33331  Delete  ITILE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  NAME  STREET ADDRESS CITY-ST-ZIP		1-							Unange			3	
CITY-ST-ZIP  DAVIE FL 33331  CITY-ST-ZIP  DAVIE FL 33331  CITY-ST-ZIP  DAVIE FL 33331  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TIT			•							•			
NAME STREET ADDRESS CITY-ST-ZIP DAVIE FL 33331  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP					CITY	-ST-ZIP						8
NAME STREET ADDRESS CITY-ST-ZIP DAVIE FL 33331  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	D			☐ Delete	TITLE				_	☐ Change	Addition	78
CITY-ST-ZIP  DAVIE FL 33331  CITY-ST-ZIP  TITLE NAME STREET ADDRESS- CITY-ST-ZIP  TITLE NAME STREET ADDRESS- CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME	( <del>-</del>					E					_	١
TITLE					STRE		ET ADDRESS						
NAME	CITY-ST-ZIP	DAVIE FL 3	33331			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE				Delete	TITLE					☐ Change	Addition	{
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS						NAM	<u> </u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							I				<del></del>	<del></del>	7
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	CHY-SI-ZIP					CHY	-S1-ZIP						_
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE				☐ Delete						☐ Change	Addition	ì
CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-B TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS							1						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS									<del></del>				╣
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		ı			☐ Delete		i i				☐ Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS	<b>.</b>											1	
TITLE TITLE TITLE TITLE TOTAL Addition NAME  NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				-								
NAME STREET ADDRESS STREET ADDRESS			·							-	Change	☐ Addition	1
STREET ADDRESS STREET ADDRESS					□ Delete						□ citange	☐ Addition	
	STREET ADDRESS												1
0)1)-01-211	CITY-ST-ZIP												1
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	12. I hereby o	ertify that the	information supplied with	this filing	does not qualify for	the exer	nption stated in	Section 1	119.07(3)(i), Florida Statutes. I fu	rther cert	ify that the	information	

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my eignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ / Da

954-252-8916